## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

NSEOOS US

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |              |                                  |              |                  |                     | SMALL ENTITY TYPE |                        |          | OTHER THAN OR SMALL ENTITY |                        |
|--|---|---|--------------|----------------------------------|--------------|------------------|---------------------|-------------------|------------------------|----------|----------------------------|------------------------|
| TOTAL CLAIMS   |   |   | 72           |                                  | 12.2.        |                  | r                   | RATE              | FEE                    | <b>1</b> | RATE                       | FEE                    |
| FOR  |   |   |              | NUMBER FILED                     |              | NUMBER EXTRA     |                     | ASIC FEE          | <del></del>            | OR       | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | 37 minus 20= |                                  | * \2         |                  |                     | X\$ 9=            |                        | OR       | X\$18=                     | 216                    |
| INDEPENDENT CLAIMS   |   |   | 3 minus 3 =  |                                  | * (          | * φ              |                     | X43=              |                        | OR       | X86=                       |                        |
| MU   | LTIPLE DEPEN  | NDENT CLAIM PF                            | RESENT       |                                  |              |                  |                     | +145=             |                        | OR       | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |              |                                  |              |                  | _                   | TOTAL             |                        | OR       | TOTAL                      | 98 G                   |
| CLAIMS AS AMENDED - PART II  |   |   |              |                                  |              |                  |                     | OTHER THAN        |                        |          |                            |                        |
|  | ,   | (Column 1)                                | (Colum       |                                  |              | (Column 3)       |                     | SMALL E           | ENTITY                 | OR       | SMALL                      | ENTITY                 |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA |                     | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus        | **                               |              | =                |                     | X\$ 9=            |                        | OR       | X\$18=                     | *                      |
|  | Independent   | *   | Minus        | ***                              | T CL AINA    | =                |                     | X43=              |                        | OR       | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                                  |              |                  |                     | +145=             |                        | OR       | +290=                      |                        |
|  | •   |   |              |                                  |              | :                | <b>-</b>            | TOTAL             |                        | OR       | TOTAL<br>ADDIT. FEE        |                        |
|  |   | (Column 1)                                | (Column 3)   | AL                               | DIT. FEE     |                  |                     |                   |                        |          |                            |                        |
|  |   | CLAIMS                                    |              | (Colun                           | IEST         |                  | Г                   | T                 | ADDI-                  |          |                            | ADDI-                  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT           |              | PREVIC<br>PAID I                 | DUSLY        | PRESENT<br>EXTRA |                     | RATE              | TIONAL<br>FEE          |          | RATE                       | TIONAL<br>FEE          |
|  | Total   | *   | Minus        | **                               |              | =                |                     | X\$ 9=            |                        | OR       | X\$18=                     |                        |
|  | Independent   | *   | Minus        | ***                              | CLAIM        | =                |                     | X43=              |                        | OR       | X86=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |              |                                  |              |                  |                     | +145=             |                        | OR       | +290 <sup>-</sup>          |                        |
|  |   |   | <b>-</b>     | TOTAL                            |              | OR               | TOTAL<br>ADDIT. FEE |                   |                        |          |                            |                        |
| ADDIT. FEE   |   |   |              |                                  |              |                  |                     |                   |                        |          |                            |                        |
|  | `   | (Column 1)<br>CLAIMS                      |              | HIGH                             | EST          |                  |                     |                   | ADDI-                  |          |                            | ADDI-                  |
| ENT C  |   | REMAINING<br>AFTER<br>AMENDMENT           |              | NUME<br>PREVIO<br>PAID F         | DUSLY        | PRESENT<br>EXTRA |                     | RATE              | TIONAL<br>FEE          |          | RATE                       | TIONAL<br>FEE          |
| AMENDMENT  | Total   | *   | Minus        | **                               |              | =                |                     | X\$ 9=            |                        | OR       | X\$18=                     |                        |
| \ME  | Independent   |   | Minus        | ***                              |              | =                |                     | X43=              |                        | OR       | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                                  |              |                  |                     | 145=              |                        | 011      |                            |                        |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |              |                                  |              |                  |                     |                   |                        | OR       | +290=                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT  |   |   |              |                                  |              |                  |                     |                   |                        | OR ,     | TOTAL<br>ADDIT. FEE        |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |              |                                  |              |                  |                     |                   |                        |          |                            |                        |